

Access to Colorectal Cancer Screening: Now and the Future

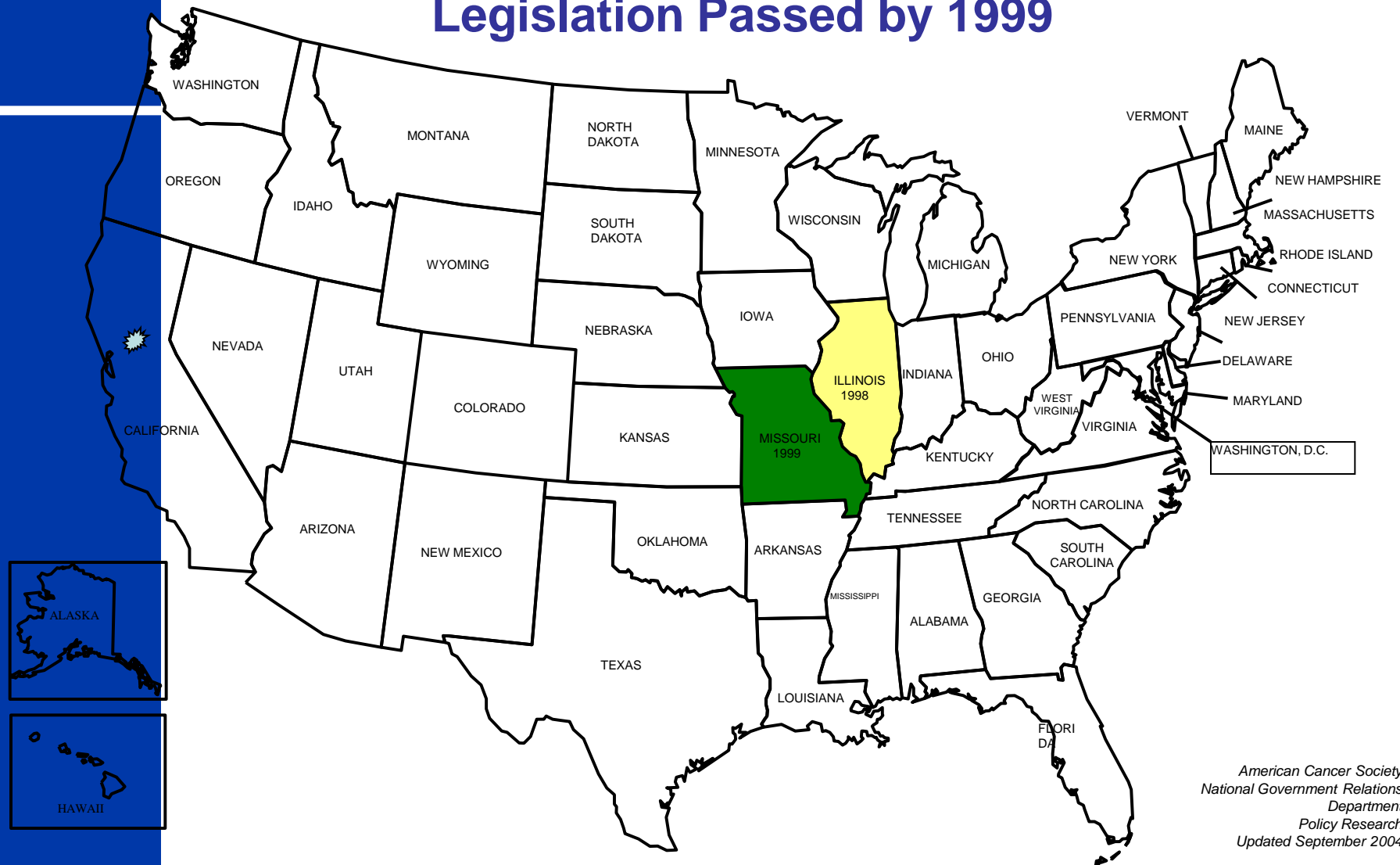
Nathan Bush and Mona Shah
ACS CAN




Current Health Care System


- Patchwork Coverage for Colorectal Cancer Screening
- The 50 to 64 are the fastest growing group of uninsured.
- Thirty-six percent of that age group lost coverage between 2000 and 2007.
- Only 15% of the uninsured adults 50+ undergo colorectal cancer screening.

State Colorectal Cancer Screening Coverage Legislation Passed by 1999



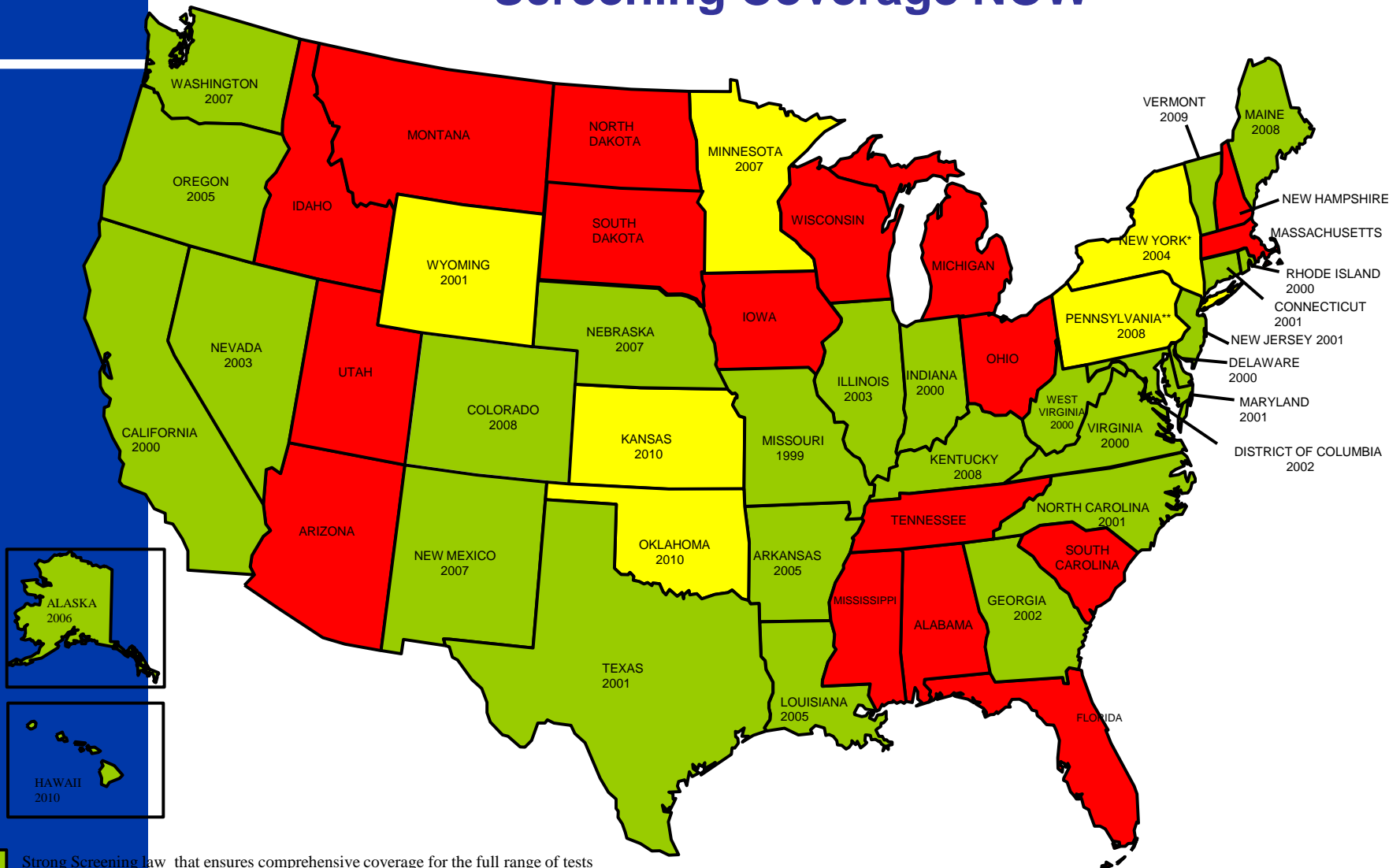
American Cancer Society
National Government Relations
Department
Policy Research
Updated September 2004

 States with colorectal cancer screening coverage laws for the full range of tests

 States with colorectal cancer screening coverage laws that require insurers to cover some tests, but not the full range

Sources: Health Policy Tracking Service & Individual state bill tracking services

Insurance Coverage for Colorectal Cancer Screening Coverage NOW



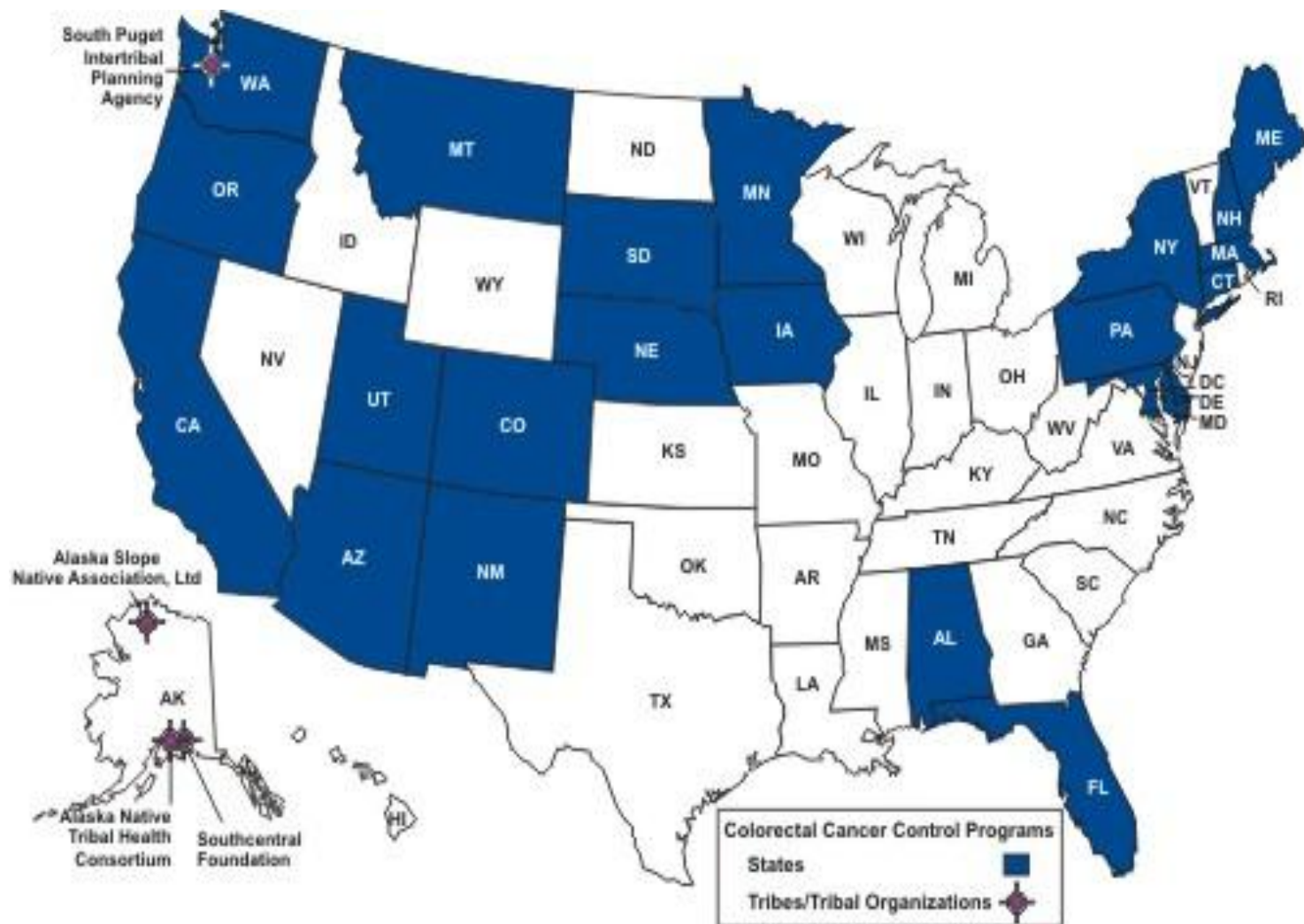
- Strong Screening law that ensures comprehensive coverage for the full range of tests
- Screening law requires insurers to cover some tests or Statewide agreements with some insurers to cover the full range of tests
- No state requirements for coverage or screening law requires insurers to offer coverage but is limiting because it does not guarantee coverage

Sources: Health Policy Tracking Service & Individual state bill tracking services

*Pennsylvania passed its law in 2008 but restricted the mandate to employers with greater than 50 employees.

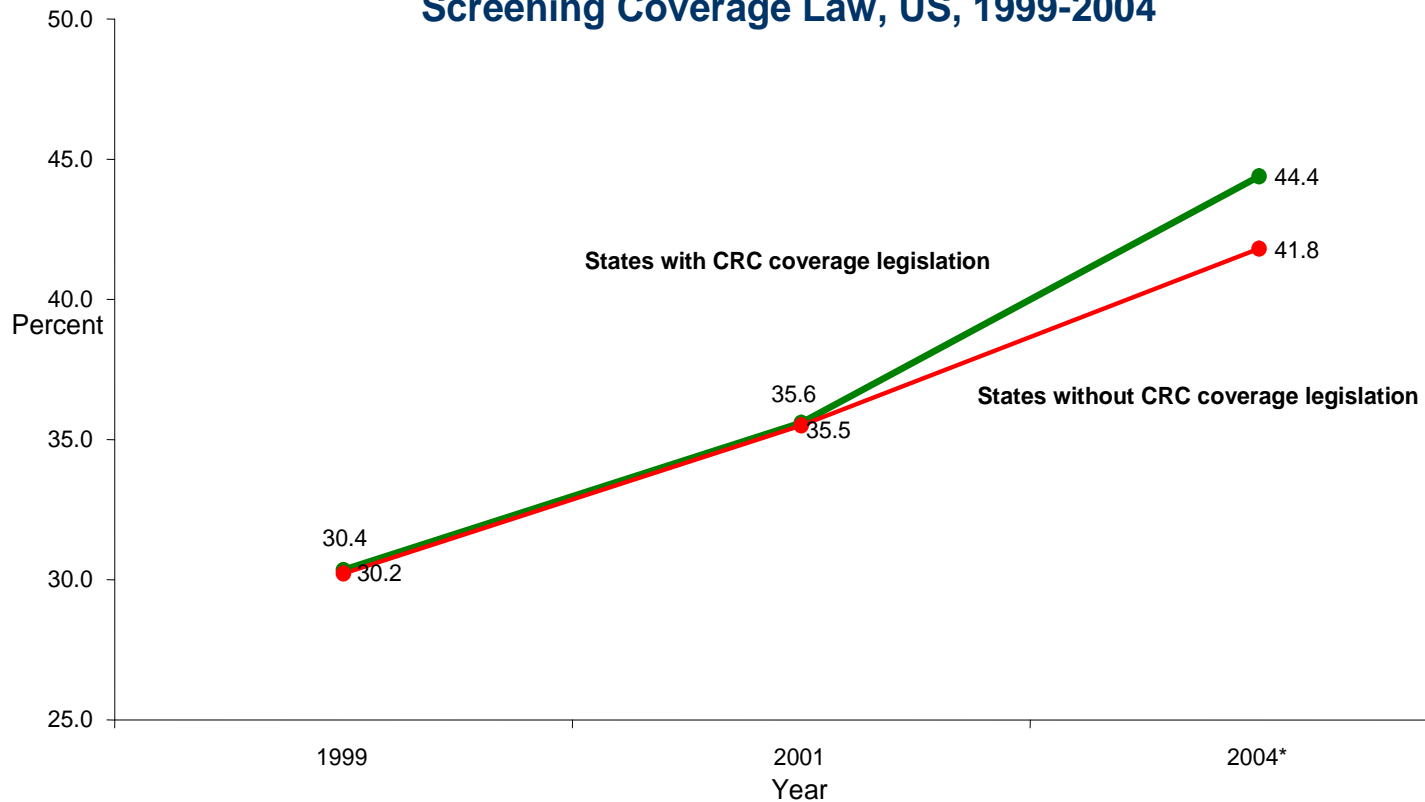
**The New York Health Plan Association, which serves 6 million New Yorkers, covers the full range of colorectal cancer screening tests, as a part of a voluntary collaborative with ACS.

CDC Colorectal Cancer Control Program



Impact of Colon Cancer Screening Coverage Laws

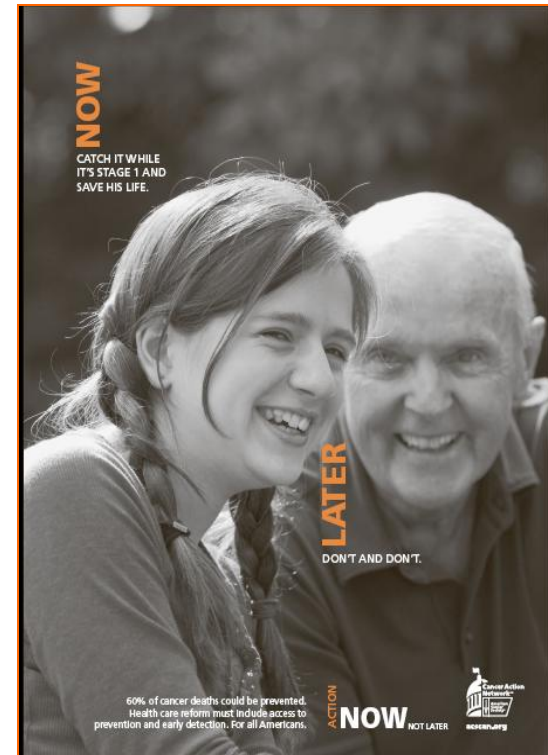
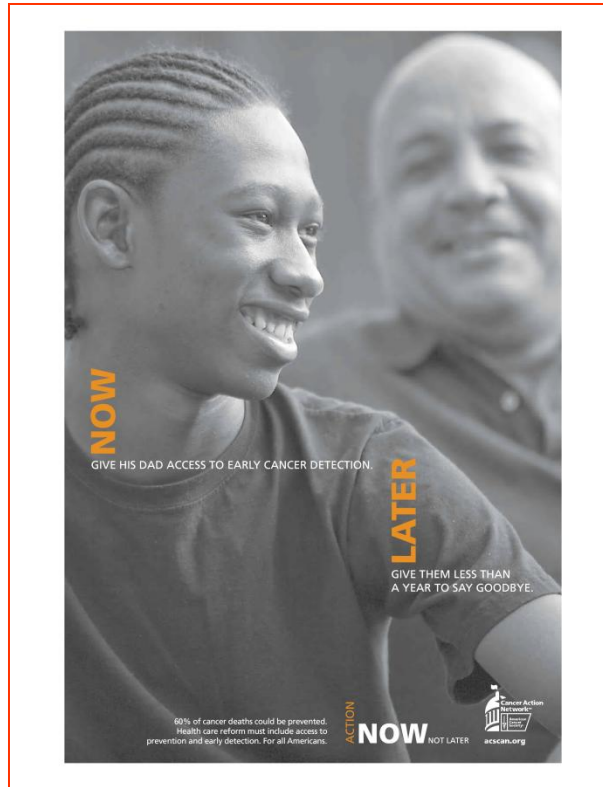
Colon Cancer Screening† among Insured 50-64 year olds, States with Screening Coverage Law vs. States without Screening Coverage Law, US, 1999-2004



Source: Behavioral Risk Factor Surveillance System Public Use Data Tape 1999, 2001, 2004, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1998, 2000, 2005. *In 2004 CRC screening rates between states grouped according to CRC coverage legislation were significantly different, ($p < 0.001$). †An endoscopes (tests include sigmoidoscopy or colonoscopy) within the past five years.

The Cancer Lens

If there are problems with the health care system, cancer patients will likely encounter them.



If we can fix the health care system for cancer patients, we will fix it for millions of others.

Timeline of Key Health Reform Provisions

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
				Coverage: Medicaid expansion, major insurance reforms (eg, guaranteed issue, rating rules, no pre-ex for adults) insurance exchanges, premium / cost sharing subsidies, individual / employer responsibility requirements					
				Immediate Insurance reforms: high risk pool, dependent coverage to age 26, no pre-ex for kids, loss ratios/ rate review					
				Coverage: Small business premium tax credit					
				Medicare/Medicaid Savings: Medicare provider updates, Medicaid prescription drug rebates					
				Medicare Savings: MA payment reductions, productivity offset to FFS updates					
				Medicare/Medicaid Savings: DSH reductions, IPAB Medicare proposal					
				Delivery System Reform: Center for Medicare and Medicaid Innovation					
				Delivery System Reform: ACOs, hospital value-based purchasing					
				Delivery System Reform: Hospital readmissions, payment bundling					
				Delivery System Reform: Physician quality reporting penalties					
				New Revenue: Tax on prescription drug manufacturers					
				New Revenue: Excise tax on medical device makers, Medicare tax on high earners					
				New Revenue: Tax on health insurers					
				New Revenue: Tax on high-cost health plans					

What Is In the Patient Protection and Affordable Care Act?

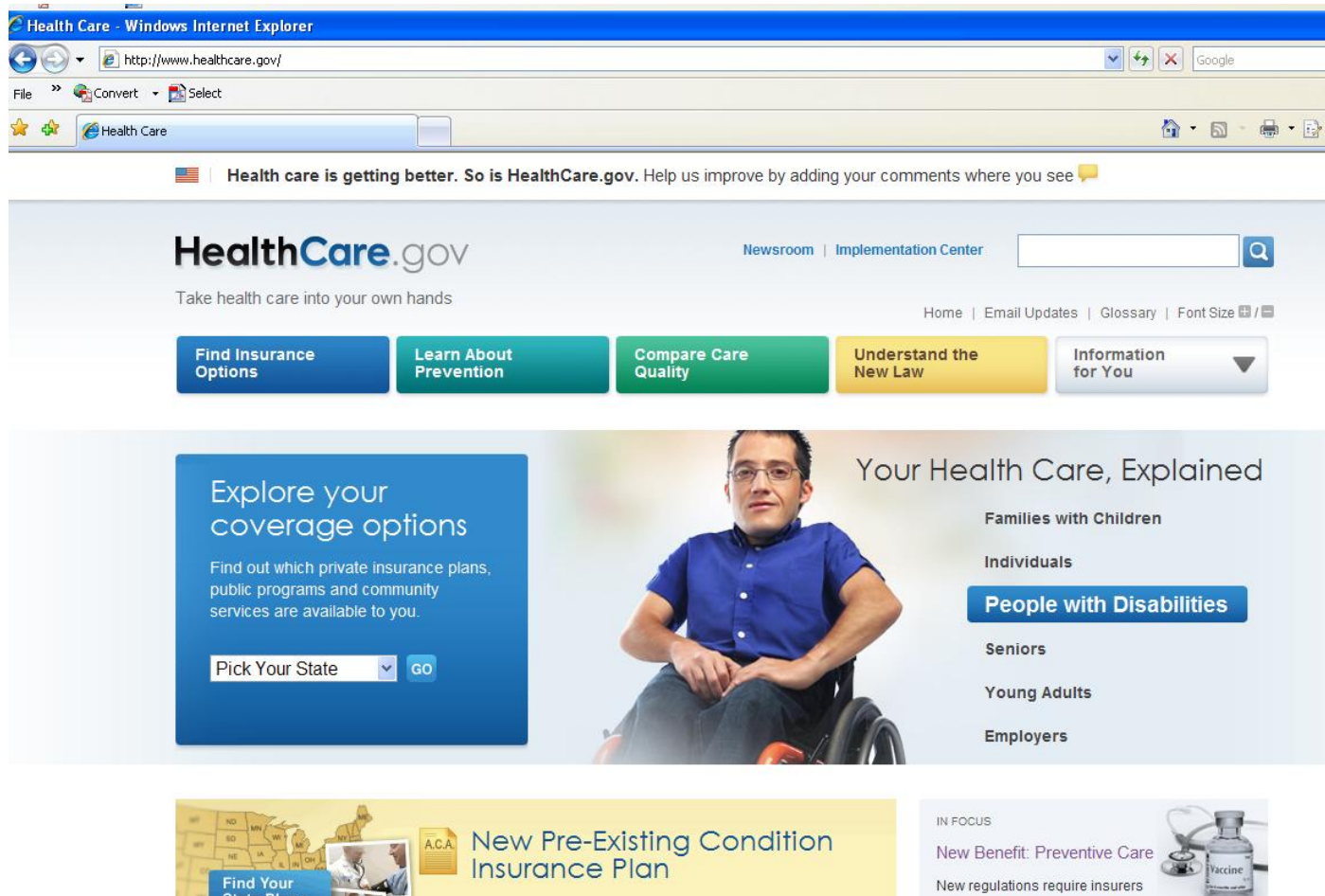
- **Expanding Coverage**
 - Private insurance
 - Medicaid
 - Medicare
- **Enhancing Prevention**
- **Improving Quality of Life**
- **Decreasing Health Disparities**

In effect now: Pre-Existing Condition Insurance Plan (PCIP)”

- To enroll, must have pre-existing medical condition and have been uninsured for 6 months or longer.
- Application:
<http://www.pcip.gov/Apply.html>

Consumer Web Portal

www.healthcare.gov



Donut Hole Rebates

- Seniors will receive their check at usual address –don't have to take any extra steps.

Beginning 6 months after enactment (September 23, 2010)

- Dependent coverage extended until age 26
- No pre-ex for children
- Eliminates rescissions
- No lifetime limits on coverage
- Regulates annual limits on coverage
- No cost for preventive care in “new plans”

Early Implementation

Expanding Coverage: Medicaid

CY 2010

- New optional category for parents and childless adults under 133% FPL – Connecticut first state to take up new option
- States under Maintenance of Effort (MOE) until 2014

CY 2011

- Optional state coverage of preventive services
 - Increases FMAP for states that cover prevention (Jan 1, 2013)
- Mandatory coverage of tobacco cessation services for pregnant women
 - Tobacco cessation coverage for pregnant women (Oct 1, 2010)

CY 2013

- Increases reimbursement to primary care doctors

Early Implementation

Expanding Coverage: Medicare

CY 2011

- Eliminates co-payments for preventive services starting January 1, 2011
- Free wellness visit and personalized prevention plan starting January 1, 2011
- 50% discount on brand-name drugs while in the doughnut hole

Now is the time to comment on draft rules

Early Implementation

Enhancing Prevention

CY 2010

- New Interagency Prevention Council at HHS to expand and coordinate prevention and public health programs and strategies.
- Establishes a National Strategy on Prevention and Wellness
- Creates a Prevention and Public Health fund
 - \$500 million for fiscal years 2010 and increased to \$2 billion in 2015 and subsequent years
- Temporary credit to small businesses to encourage investment in new therapies for the prevention of chronic diseases.

Early Implementation *Addressing Disparities*

CY 2010

- Increases funding for Community Health Centers
- Requires enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations
- Expands funding for scholarship and loan repayment for physicians working in underserved areas
- Reauthorizes Patient Navigator Act
- Reauthorizes the Indian Health Care and Improvement Act

Improving Colorectal Cancer Screening

Medicare:

- No co-pays and coverage for colorectal cancer screening with an “A” or “B”.
- Waiver of deductible for colorectal cancer screening tests regardless of coding, subsequent diagnosis, or ancillary tissue.
-

Improving Colorectal Cancer Screening

Private Insurance:

- Coverage and no copays for colorectal cancer screening with an “A” or “B” for new health plans (starting 9/23/2010).
- Coverage and no copays for anyone Insured Through the New Exchange (by 1/1/2014)

Improving Colorectal Cancer Screening

Medicaid:

- Coverage and no copays for colorectal cancer screening with an “A” or “B” for newly eligible Medicaid beneficiaries (by 1/1/2014)
- Incentive to cover with no copays for traditional Medicaid (1% increase in FMAP)

Improving Colorectal Cancer Screening

Indian Health Service:

- The new law permanently reauthorizes the IHS and it contains numerous provisions to modernize and update the IHS
- Amends current law, which referred to limited screening of mammography, to include “other cancer screenings”

Improving Colorectal Cancer Screening

Public Health Improvements:

- Prevention and Public Health Fund
- Strategic Plan on Prevention and Public Health

Financial Barriers to CRC Screening Remain For:

- Traditional Medicaid
- Insured in a “Grandfathered” Plan
- Uninsured
- Co-payment for those who need a polyp removal in Medicare

Need for the Colorectal Cancer Screening Programs Now and in the Future

Individuals who would be Eligible for the Colorectal Cancer Screening Program (established by HR 1189)

Men and women with an income less than 250% federal poverty line (27,000 for a family of one, and 55,000 for a family of 4) who are uninsured or underinsured qualify for free colorectal cancer services. These services are offered at a regular interval based on guidelines supported by ACS, ACR and other medical organizations. Currently, over 7 million men and women age 50-64 would qualify for the program.

The U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society guidelines are not always in agreement and therefore the new law may require coverage for colorectal cancer screening but the benefit may not necessarily be sufficient. For example, USPSTF recommends screening for colorectal cancer screening for adults aged 50 to 75 but does not make recommendations for those who are higher risk like African Americans and individuals with a family history. So low-income adults who are at high-risk may have to rely on safety-net programs to help pay for their prevention services.

Traditional Medicaid Beneficiaries

Currently, most states Medicaid programs do not cover the full-range of colorectal cancer screening tests and services. The law will not necessarily change that.

Newly Eligible Medicaid Beneficiaries
(by 1/1/2014)

Newly eligible individuals will be in a Medicaid benchmark plan and therefore have coverage of colorectal cancer screening tests according to USPSTF Guidelines.

Insured through the Exchange
(by 1/1/ 2014)

Men and women who buy insurance through the exchange would have coverage for colorectal cancer screening tests according to USPSTF Guidelines.

Insured in a New Plan outside the Exchange
(starting 9/23/2010)

Men and women who are enrolled in a new plan would have coverage for colorectal cancer screening tests according to USPSTF Guidelines.

Insured in a "Grandfathered" Plan

Men and women who are enrolled in a "grandfathered" plan may not have coverage for the full-range of colorectal cancer screening tests.

Uninsured

Uninsured individuals would still need access to safety-net programs.

What the Affordable Care Act means to you?

- There will be a continued need to for outreach and education.
- We will need to ensure that workforce is ready to meet the needs for the newly insured populations
- We will need to advocate for screening programs.
- We will need to increase patient navigations.
- Need to monitor communities that you serve and ensure they are not facing barriers to access

The Society and ACS CAN Efforts at the Federal and State Level- Promoting Colon Cancer Screenings

- Establish national colon cancer screening and treatment program to address the need till all the provisions of the ACA are in effect.
- Continue to work to pass mandates to ensure plans cover colorectal cancer screening
- Work with states to ensure Medicaid patients have access to colorectal cancer screening
- Work with IHS to ensure colorectal cancer screening is covered.



COLON CANCER IS THE SECOND LEADING CAUSE OF CANCER DEATHS. THIS COULD BE EASILY AVOIDED WITH ROUTINE SCREENINGS. If everyone over 50 was screened, we would reduce deaths by 50 percent or more and significantly reduce the \$8 billion spent annually in treatment costs. Now there's a bill that can save lives by increasing access to screenings for uninsured Americans. Congress, it's time to act. Support HR 1738 - Colorectal Cancer Prevention, Early Detection and Treatment Act.

Pass HR 1738. SAVE LIVES.



Additional Advocacy Activities

Contact your local advocacy field staff in your state. They may provide direction to you so you can:

- Work with other ACS CAN volunteers
- Find allies and coalition partners
- Meet with your state legislators
- Support a multi-year strategy to increase resources
- Highlight ongoing and emerging health disparities [in your community]
- Help fight to protect what gains have been made in the past

For more information

- [***www.acscan.org/healthcare***](http://www.acscan.org/healthcare)

The screenshot shows the website for the American Cancer Society Cancer Action Network (ACS CAN). The header includes the ACS CAN logo, the tagline "Together We CAN Fight Back Against Cancer", and a "Sign Up For Alerts and Newsletters" button. A navigation bar contains links for CAMPAIGNS, MEDIA, ACTION, EVENTS, ABOUT, and RESOURCES, along with a "Select Your State" dropdown menu. The main content area is titled "HEALTH CARE REFORM" and features a large orange banner for the "AFFORDABLE CARE ACT BECOMES LAW". This banner includes a list of provisions: increasing emphasis on prevention, guaranteeing access to quality coverage, and improving quality of life for cancer patients. To the right of the banner is a photo of the U.S. Capitol building and a link to "IMPLEMENTATION TOOLS". Below the banner are three tabs: "AFFORDABLE CARE ACT", "NATIONAL TV AD", and "SURVIVING THE SYSTEM". To the right of the banner is a red box with the text "TOO MUCH \$\$ DENIED. RED TAPE." and a photo of a woman, asking if the user has a health care nightmare or story and inviting them to tell us about it. Below this is a blue button with a Facebook icon and the text "JOIN OUR FACEBOOK CAUSE". Further down is a green box for "MOBILE UPDATES" with a calculator icon, asking users to text "REFORM" to 73585 to receive alerts. At the bottom is a blue box for "HEALTH CARE: THE FACTS" with a mountain graphic, stating that almost 46 million people are uninsured and at least 25 million are underinsured, with a "LEARN MORE" link. The "HEALTH CARE REFORM BLOG" section at the bottom left shows a post from July 15, 2010, by Kathi Hansen, titled "HIGHLIGHTING THE IMPORTANCE OF PREVENTION WITH THE FIRST LADY, SECOND LADY AND SECRETARY OF HHS". The post describes her excitement to be included in an event at George Washington University Hospital. To the right of the blog post is a "PREVIOUS POSTS" section with two entries: one from June 23, 2010, by Amy Vilhite about the 90-day anniversary of the Affordable Care Act, and another from June 21, 2010, by ACS CAN about the promise of prevention. A "MORE POSTS" link is at the bottom.

American Cancer Society Cancer Action Network (ACS CAN)
Together We CAN Fight Back Against Cancer

Sign Up For Alerts and Newsletters

CAMPAIGNS MEDIA ACTION EVENTS ABOUT RESOURCES

HEALTH CARE REFORM

LEARN BLOG IN THE STATES MEDIA

AFFORDABLE CARE ACT BECOMES LAW

Provisions of law would help cancer patients by:

- Increasing emphasis on prevention
- Guaranteeing access to quality coverage
- Improving quality of life for cancer patients

IMPLEMENTATION TOOLS ▶

AFFORDABLE CARE ACT NATIONAL TV AD SURVIVING THE SYSTEM

TOO MUCH \$\$ DENIED. RED TAPE.
Do you have a health care nightmare or story?
TELL US ABOUT IT.

MOBILE UPDATES
TEXT "REFORM" TO 73585 to receive Health Care Reform alerts on your phone.

HEALTH CARE: THE FACTS
Almost 46 million people are uninsured in the US and at least 25 million are underinsured.

HEALTH CARE REFORM BLOG

July 15, 2010 | POSTED BY Kathi Hansen
HIGHLIGHTING THE IMPORTANCE OF PREVENTION WITH THE FIRST LADY, SECOND LADY AND SECRETARY OF HHS
I was so excited and honored to be included in the event yesterday at George Washington University Hospital in Washington, D.C. to high... Read more.

PREVIOUS POSTS

June 23, 2010 | POSTED BY Amy Vilhite
A TRIP TO THE WHITE HOUSE: CELEBRATING THE 90-DAY ANNIVERSARY OF PASSAGE OF THE AFFORDABLE CARE ACT

June 21, 2010 | POSTED BY ACS CAN
THE PROMISE OF PREVENTION

>> MORE POSTS

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Thank you!